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APPLICANTS

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** CONTINUING DATA *****

NONE O.A.

** FOREIGN APPLICATIONS *****

NONE O.A.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 6	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Examiner's Signature O.A. Anush	Initials O.A.		

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TITLE

INTEGRATED TONE-BASED AND VOICE-BASED TELEPHONE USER INTERFACE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)